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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. | 684.2985 |
| | First Named Inventor or Application Identifier | |
| | HITOSHI NAKANO | |
| | Express Mail Label No. | |

JCS68 U.S. PTO

09/536637

03/28/00

| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
|---|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> | | 6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> |
| 2. <input checked="" type="checkbox"/> Specification Total Pages 24 | | 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> Total Sheets 5 | | a. <input type="checkbox"/> Computer Readable Copy |
| 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 1 | | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| a. <input type="checkbox"/> Newly executed (original or copy) | | c. <input type="checkbox"/> Statement verifying identity of above copies |
| b. <input checked="" type="checkbox"/> Unexecuted for information purposes | | |
| c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below] | | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | |
| 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4c is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | |
| | | ACCOMPANYING APPLICATION PARTS |
| | | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| | | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> |
| | | 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> |
| | | 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| | | 12. <input type="checkbox"/> Preliminary Amendment |
| | | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> |
| | | 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired |
| | | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> |
| | | 16. <input type="checkbox"/> Other: _____ |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

| | | | |
|---------------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No. _____ |
|---------------------------------------|-------------------------------------|---|--------------------------------|

| 18. CORRESPONDENCE ADDRESS | | | | | |
|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 05514 <small>(Insert Customer No. or Attach bar code label here)</small> | | or <input type="checkbox"/> Correspondence address below | |
| NAME | | | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Country | | Telephone | | Fax | |



| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|--|------------------|------------------|-------------------------------|------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 17-20 = | 0 | X \$ 18.00 = | \$ 0.00 |
| | INDEPENDENT CLAIMS (37 cfr 1.16(b)) | 2-3 = | 0 | X \$ 78.00 = | \$ 0.00 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | \$ 260.00 = | \$ 0.00 |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$ 690.00 |
| | Total of above Calculations = | | | | \$ 690.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). | | | | |
| | TOTAL = | | | | \$ 690.00 |

19. Small entity status

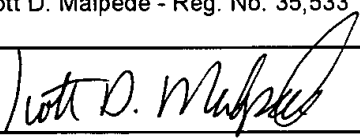
- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 690.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

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|---|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | |
| NAME | Scott D. Malpede - Reg. No. 35,533 |
| SIGNATURE |  |
| DATE | March 28, 2000 |

SDM\cmv